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1430 Waukegan Road McGraw Park, IL 60085

www.cardinal.com

SMDA REQUIREMENTS

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

DuraBlue™ Sterilization Wrap
Amsco® V-PRO® 1, Amsco® V-PRO® 1 Plus and Amsco® V-PRO® maX

Manufacturer:

Cardinal Health 200, LLC 1430 Waukegan Road McGaw Park, IL 60085

Regulatory Affairs Contact:

Lavenia Ford

1430 Waukegan Road McGaw Park, IL 60085

Telephone Number:

(847) 887-3323

Date summary Prepared:

December 21, 2011

Trade Name:

DuraBlue™ Sterilization Wrap

Classification:

Class II per 21 CFR § 880.6850

Classification Name:

Sterilization Wrap

Predicate Device:

K092167 - KIMGUARD ONE-STEP Sterilization Wrap

Description:

Cardinal Health DuraBlue™ Sterilization Wraps are double layer sterilization wraps made from 100% polypropylene spunbond-meltblown-spunbond (SMS) fabric. They are intended to be used to enclose another medical device that is to be sterilized by a health care provider in the the Lumen, Non Lumen, or Flexible Cycles in the Amsco® V-PRO® 1, Amsco® V-PRO® 1 Plus and Amsco® V-PRO® maX Low Temperature Sterilization Systems. This wrap design allows for use of the simultaneous double-wrapping technique and also allows for a sterilized pack to be opened aseptically.

This submission covers six different models of Cardinal Health DuraBlue™ Sterilization Wrap. Each model is made from material of a different basis weight, though all models utilize the same material technology.

Extensive performance testing has been completed on Cardinal Health DuraBlue™ Sterilization Wrap. Successful completion of the sterilization performance tests listed below demonstrated that the wrap both allows for sterilization of the enclosed contents and maintains sterility of the enclosed contents for at least 30 days.

Indications for Use:

Cardinal Health DuraBlue™ Sterilization Wrap is intended to be used to enclose another medical device that is to be sterilized by a health care provider in the Lumen, Non Lumen, and Flexible Cycles in the Amsco® V-PRO® 1, Amsco® V-PRO® 1 Plus and Amsco® V-PRO® max Low Temperature Sterilization Systems. The wrap is intended to allow sterilization of the enclosed medical device(s) and to maintain sterility of the enclosed device(s) for 30 days. The DuraBlue™ Sterilization Wrap was validated to be effectively aerated during the pre-programmed Amsco® V-PRO® sterilization cycles.

All models of DuraBlue™ Sterilization Wrap have been validated for use with the following Amsco® V-

PRO® cycles:

Amsco® V-PRO® Cycle	Maximum Recommended Chamber Load	Intended Load	Maximum Recommended Wrapped Package Content Weight by Wrap Model ¹
Lumen Cycle	19.65 lbs	Reusable metal and non-metal medical devices, including up to 20 lumens of the following dimensions per chamber load: • an inside diameter of 1 mm or larger and a length of 125 mm or shorter • an inside diameter of 2 mm or larger and a length of 250 mm or shorter • an inside diameter of 3 mm or larger and a length of 400 mm or shorter	Wrap Max. Model Package Weight CH100 3 lbs CH200 6.5 lbs CH300 9 lbs CH400 9.1 lbs
Non Lumen Cycle	19.65 lbs	Non-lumened reusable metal and non-metal medical devices	CH500 9.1 lbs CH600 9.1 lbs
Flexible Cycle	24 lbs	Single or dual lumen surgical flexible endoscopes and bronchoscopes in either of two load configurations: 1. Two trays, each containing a flexible endoscope with a light cord (if not integral to endoscope) and mat with no additional load 2. One tray containing a flexible endoscope with a light cord (if not integral to endoscope) and mat and an additional tray containing non-lumened medical devices The flexible endoscope(s) may contain either: a single lumen with an inside diameter of 1 mm or larger and a length of 1050 mm or shorter two lumens, with one lumen having an inside diameter of 1 mm or larger and the other lumen having an inside diameter of 1 mm or larger and a length of 850 mm or shorter	

Individual results may differ due to factors such as variations in handling practices, wrapping techniques, and folding methods. Results may also differ due to the use of irregularly shaped contents, which may put added stress on the wrap. Each healthcare facility should determine for itself which wrap model is most appropriate for each intended use.

Substantial Equivalence

The DuraBlue™ Sterilization Wrap is substantially equivalent to the predicate devices.

- Both devices are double layer sterilization wraps which allow for use of the simultaneous doublewrapping technique and for a sterilized pack to be opened aseptically.
- Both devices are intended to be used with the same V-PRO[®] sterilization parameters.
- Both devices are available in six comparable models of varying basis weights, which are recommended for use with the same maximum content weights.
- Both devices have the same dimensional specifications.
- Both devices are100% polypropylene spunbond-meltblown-spunbond (SMS) trilaminate nonwoven fabric.
- Both devices demonstrate maintenance of package sterility for at least 30 days following sterilization by pre-vacuum steam.
- Performance and safety attributes are substantially equivalent to the predicate. The physical properties of all wrap models have been characterized both before and after exposure to V-PRO[®] sterilization. The resulting data supports the conclusion that Cardinal Health DuraBlue[™] Sterilization Wrap is substantially equivalent to the predicate, and the DuraBlue[™] Sterilization Wraps are compatible with the identified V-PRO[®] system sterilization parameters.

Summary of Testing

DuraBlue™ Sterilization Wrap performance has been tested in accordance with the applicable requirements recommended in the FDA's Guidance Document Premarket Notification 510(k) Submissions for Medical Sterilization Packaging System in Health Care Facilities; Draft Guidance for Industry and FDA (March 7, 2002). Testing included sterilization efficacy, event related maintenance of package sterility, physical properties, and biocompatibility in compliance with the methods of ISO 10993. Data from testing demonstrates that the performance of the DuraBlue™ Sterilization Wrap is substantially equivalent to that of Kimberly-Clark KIMGUARD ONE-STEP Sterilization Wrap.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room -WO66-G609 Silver Spring, MD 20993-0002

Cardinal Health 200, LLC C/O Mr. Ned Devine Responsible Third Party Official Underwriters Laboratories, Incorporated 333 Pfingsten Road Northbrook, Illinois 60062

JAN 2 0 2012

Re: K112918

Trade/Device Name: Cardinal Health DuraBlue[™] Sterilization Wrap Amsco[®] V-PRO[®] 1, Amsco[®]V-PRO[®] 1 Plus and

Amsco® V-PRO® maX

Regulation Number: 21 CFR 880.6850 Regulation Name: Sterilization Wrap

Regulatory Class: II Product Code: FRG Dated: January 3, 2012 Received: January 6, 2012

Dear Mr. Devine:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ducm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and Radiological Health



Indication for Use

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	Prescription Use AND/OR Over-The-Counter Usex_ (Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C)				
	(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEE	DED)			
Concurrence of CDRH, Office of Device Evaluation (ODE)					
	Elist F. Clanie - Wells	,			

(Division Sign-Off)

Division of Anesthesiology, General Hospital Infection Control, Dental Devices

510(k) Number: K112918

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